

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2009 SEP 28 AM 7:52
 Gift/Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Newton Correctional Facility

Name of Department or Office _____
 PO Box 218 _____ Newton, IA 50208

Mailing Address _____
 641-792-7552 x 411 _____ City, State, Zip Code

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes

Name _____
 PO Box 218 _____ Newton, IA 50208

Mailing Address (if different from above) _____
 terry.mapes@iowa.gov _____ City, State, Zip (if different from above)

Email Address _____
 Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Lynnville Friends Church

Name _____

P.O. Box 176 _____ Lynnville, IA 50153

Mailing Address _____
 641-527-3371 _____ City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

9-24-09 \$250.00

Date of Gift or Bequest _____ Amount/Value* _____

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Promoting Positive Change to purchase sermons on DVD or books for offenders

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


 Signature

 Date

Newton Correctional Facility

PO Box 218, Newton, Iowa 50208

[illegible]

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PO Box 218	Newton, IA 50208
Mailing Address	_____
641-792-7552 x 411	City, State, Zip Code
Area Code & Telephone No.	_____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes	
Name	_____
PO Box 218	Newton, IA 50208
Mailing Address (if different from above)	_____
terry.mapes@iowa.gov	City, State, Zip (if different from above)
Email Address	_____
	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Islamic Council of Iowa	
Name	_____
	Des Moines, IA
Mailing Address	_____
	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

9-17-09	\$ 50.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

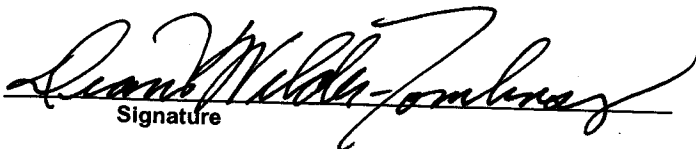
Donation for the Offenders Sunni Ramadan Feast

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Signature

Date

Newton Correctional Facility

PO Box 218, Newton, Iowa 50208

Date	Name	Address	Reason	Amount
09/24/08	Lynnville Friends Church	P.O. Box 176, Lynnville, IA 50450	to purchase Commons on DVD as books	\$ -250.00
9/17/2009	Islamic Council of Iowa	Des Moines, IA	donation for Ramaden Feast	\$ 50.00
				Total Amount : \$ 300.00
				50.00